



**APPLICATION FOR DISTRICT PROGRAM APPROVAL UNDER THE EARLY CHILDHOOD DEVELOPMENT
ACT (ECDA) SENATE BILL 658**

(FOR THE FISCAL YEAR 2005; MUST BE SUBMITTED BY MAY 15, 2004)

SECTION I - PROGRAM INFORMATION (TO BE COMPLETED BY LEA).

NAME OF LEA (DISTRICT)			COUNTY/DISTRICT CODE	
NAME AND TITLE OF CONTACT PERSON	EMAIL ADDRESS			TELEPHONE NUMBER
SCHOOL MAILING ADDRESS	CITY	STATE MO	ZIP CODE	PAT PHONE NUMBER
NAME AND TITLE OF AUTHORIZED LEA REPRESENTATIVE	SIGNATURE OF AUTHORIZED LEA REPRESENTATIVE			DATE

STATEMENT OF ASSURANCE

I VERIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT AND CERTIFY THAT THIS SCHOOL DISTRICT COMPLIED WITH THE PROVISIONS OF SECTIONS 178.691-699 RSMo (REVISED) AND MO RULE 5 CSR 50-270.010-270.030 (REVISED) FOR EACH SERVICE THAT WAS PROVIDED THROUGH FUNDS SET ASIDE FOR THIS ACT.

PARENT EDUCATION SERVICES ARE OFFERED

(MUST CHECK ONE):

☐ YEAR ROUND

☐ SCHOOL YEAR
DATES OF SERVICE: (MINIMUM OF EIGHT MONTHS)

FROM ____ TO ____.

IS THE DISTRICT PROVIDING PAT SERVICES TO INDIVIDUALS WHO ARE CURRENTLY HOUSED IN A JUVENILE CORRECTIONAL FACILITY/CORRECTIONAL INSTITUTION?

☐ NO

☐ YES

(NAME THE FACILITY/INSTITUTION)

COMPLETE THE FOLLOWING IF CONTRACTING SERVICES:

THE DISTRICT WILL BE PROVIDING CONTRACTUAL PAT SERVICE(S) **FOR** THE FOLLOWING DISTRICT(S):

COUNTY/ DISTRICT CODE	DISTRICT NAME	PARENT EDUCATION		SCREENINGS	
		PRENATAL TO THREE	THREE TO FIVE	PRENATAL TO THREE	THREE TO FIVE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE DISTRICT'S PAT SERVICES ARE CONTRACTED **THROUGH** THE FOLLOWING DISTRICT OR AGENCY:

COUNTY/ DISTRICT CODE	DISTRICT/AGENCY NAME	PARENT EDUCATION		SCREENINGS	
		PRENATAL TO THREE	THREE TO FIVE	PRENATAL TO THREE	THREE TO FIVE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM APPROVAL (TO BE COMPLETED BY DEPARTMENT)

SIGNATURE (AUTHORIZED DESE OFFICIAL)	DATE OF APPROVAL
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SECTION II - PARENT EDUCATORS' CERTIFICATION.

IF THE LEA DOES NOT HAVE A CERTIFICATED PARENT EDUCATOR(S) AT THE TIME OF APPLICATION THE LEA STILL NEEDS TO MEET THE MAY 15th APPLICATION DEADLINE. WRITE IN "VACANT" IF APPROPRIATE.

1. LIST THE FULL NAME AND CERTIFICATION LEVEL OF PARENT EDUCATORS PROVIDING PARENT EDUCATION SERVICES TO FAMILIES OF CHILDREN BIRTH TO AGE THREE AND/OR AGE THREE TO FIVE. (PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE AND ATTACH, IF NECESSARY.)

EXISTING PARENT EDUCATOR(S) - PARENT EDUCATOR(S) WHO PROVIDED SERVICES FOR YOUR DISTRICT IN THE PREVIOUS YEAR AND WHO WILL BE RETURNING.

A. SOCIAL SECURITY NUMBER	B. FULL NAME	C. SERVING P-3 (✓)	D. SERVING 3-5 (✓)
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

NEW PARENT EDUCATOR(S) - PARENT EDUCATOR(S) WHO WERE NOT PROVIDING SERVICES FOR YOUR DISTRICT IN THE PREVIOUS YEAR.

A. SOCIAL SECURITY NUMBER	B. FULL NAME	C. SERVING P-3 (✓)	D. SERVING 3-5 (✓)
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

DELETE THE FOLLOWING PARENT EDUCATOR(S)

A. SOCIAL SECURITY NUMBER	B. FULL NAME	A. SOCIAL SECURITY NUMBER	B. FULL NAME

SECTION III– SCREENING FOR CHILDREN AGES SIX MONTHS TO KINDERGARTEN ENTRY.**1. HOW WILL SCREENING SERVICES BE DELIVERED? (CHECK ALL THAT APPLY FOR EACH PROGRAM)****6 MONTHS TO THREE YEARS**

- ☐ AS A COMPONENT OF THE PARENT EDUCATION CONTACT
☐ LARGE-SCALE SCREENING ACTIVITY DATES
☐ SCHEDULED APPOINTMENTS THROUGHOUT THE YEAR

THREE YEARS TO KINDERGARTEN ENTRY

- ☐ AS A COMPONENT OF THE PARENT EDUCATION CONTACT
☐ LARGE-SCALE SCREENING ACTIVITY DATES
☐ SCHEDULED APPOINTMENTS THROUGHOUT THE YEAR

2. CHECK THE SCREENING TESTS AND PROCEDURES TO BE USED FOR EACH COMPONENT.

AGE OF CHILD	SCREENING INSTRUMENT	LANGUAGE (CHECK AT LEAST ONE)	GENERAL (CHECK AT LEAST ONE)	HEARING (ALL AREAS ARE REQUIRED)	VISION (ALL AREAS ARE REQUIRED)	HEALTH AND PHYSICAL DEVELOPMENT (ALL AREAS ARE REQUIRED)
6 MTHS TO ONE YEAR	ASQ*	<input type="checkbox"/>	<input type="checkbox"/>	PARENT QUESTIONNAIRE OBSERVATION INFORMAL HEARING TYMPANOMETRY (IF AVAILABLE)	PARENT QUESTIONNAIRE FUNCTIONAL ASSESSMENT	PARENT QUESTIONNAIRE MEASUREMENTS NUTRITIONAL ASSESSMENT DENTAL CHECK
	BATTELLE	<input type="checkbox"/>	<input type="checkbox"/>			
	DDST II	<input type="checkbox"/>	<input type="checkbox"/>			
	ELM	<input type="checkbox"/>	N/A			
	PLS	<input type="checkbox"/>	N/A			
AGE TWO	ASQ*	<input type="checkbox"/>	<input type="checkbox"/>	PARENT QUESTIONNAIRE OBSERVATION INFORMAL HEARING TYMPANOMETRY (IF AVAILABLE) AUDIOMETRY (IF APPROPRIATE)	PARENT QUESTIONNAIRE FUNCTIONAL ASSESSMENT VISUAL ACUITY (IF APPROPRIATE)	PARENT QUESTIONNAIRE MEASUREMENTS NUTRITIONAL ASSESSMENT DENTAL CHECK
	BATTELLE	<input type="checkbox"/>	<input type="checkbox"/>			
	BRIGANCE	<input type="checkbox"/>	<input type="checkbox"/>			
	DDST II	<input type="checkbox"/>	<input type="checkbox"/>			
	ELM	<input type="checkbox"/>	N/A			
	ESP	<input type="checkbox"/>	<input type="checkbox"/>			
	FLUHARTY	<input type="checkbox"/>	N/A			
AGE THREE	PLS	<input type="checkbox"/>	N/A	PARENT QUESTIONNAIRE OBSERVATION TYMPANOMETRY (IF AVAILABLE) AUDIOMETRY	(IF APPROPRIATE) PARENT QUESTIONNAIRE FUNCTIONAL ASSESSMENT VISUAL ACUITY (IF APPROPRIATE)	PARENT QUESTIONNAIRE MEASUREMENTS NUTRITIONAL ASSESSMENT DENTAL CHECK
	BATTELLE	<input type="checkbox"/>	<input type="checkbox"/>			
	BRIGANCE	<input type="checkbox"/>	<input type="checkbox"/>			
	DDST II	<input type="checkbox"/>	<input type="checkbox"/>			
	DIAL 3	<input type="checkbox"/>	<input type="checkbox"/>			
	ESI-R	<input type="checkbox"/>	<input type="checkbox"/>			
	ESP	<input type="checkbox"/>	<input type="checkbox"/>			
	FIRST STEPS	<input type="checkbox"/>	<input type="checkbox"/>			
AGE FOUR	FLUHARTY	<input type="checkbox"/>	N/A	PARENT QUESTIONNAIRE OBSERVATION TYMPANOMETRY (IF AVAILABLE) AUDIOMETRY	(IF APPROPRIATE) PARENT QUESTIONNAIRE FUNCTIONAL ASSESSMENT VISUAL ACUITY (IF APPROPRIATE)	PARENT QUESTIONNAIRE MEASUREMENTS NUTRITIONAL ASSESSMENT DENTAL CHECK
	PLS	<input type="checkbox"/>	N/A			
	BATTELLE	<input type="checkbox"/>	<input type="checkbox"/>			
	BRIGANCE K1	<input type="checkbox"/>	<input type="checkbox"/>			
	DIAL 3	<input type="checkbox"/>	<input type="checkbox"/>			
	ESI-R	<input type="checkbox"/>	<input type="checkbox"/>			
	ESP	<input type="checkbox"/>	<input type="checkbox"/>			
	FIRST STEPS	<input type="checkbox"/>	<input type="checkbox"/>			
	FLUHARTY	<input type="checkbox"/>	N/A			
	PLS	<input type="checkbox"/>	N/A			

* THE ASQ MUST BE COMPLETED BY THE PARENT EDUCATOR.

SECTION IV – EVALUATION OF SCREENING FOR CHILDREN AGES SIX MONTHS TO KINDERGARTEN ENTRY.**1. HOW WILL SCREENING SERVICES BE EVALUATED?**

- ☐ PARENT QUESTIONNAIRE
☐ DEGREE OF PARTICIPATION OF HARD-TO-REACH FAMILIES
☐ ACCURACY WITH WHICH POSSIBLE DEVELOPMENTAL DELAYS AND PHYSICAL PROBLEMS ARE IDENTIFIED
- ☐ DEGREE OF PARTICIPATION FROM THE TOTAL ELIGIBLE POPULATION
☐ FOLLOW-UP ON REFERRALS (I.E. SPECIAL EDUCATION, ETC.)

SECTION V – PARENT EDUCATION SERVICES FOR FAMILIES PRENATAL TO AGE THREE.

1. A MINIMUM OF EIGHT CONTACTS MUST BE OFFERED.

HOW MANY PERSONAL VISITS WILL BE OFFERED TO EACH FAMILY? (4-6) ☐ 4 ☐ 5 ☐ 6 ☐ MORE THAN 6

HOW MANY GROUP MEETINGS WILL BE OFFERED TO EACH FAMILY? (2-4) ☐ 2 ☐ 3 ☐ 4 ☐ MORE THAN 4

2. WILL THE LEA IMPLEMENT THE REVISED 1999 PARENTS AS TEACHERS *BORN TO LEARN™* CURRICULUM AS PRESENTED AT THE DEPARTMENT-SPONSORED PARENT EDUCATION INSTITUTE?

☐ YES ☐ NO

SECTION VI – PARENT EDUCATION SERVICES FOR FAMILIES WITH CHILDREN AGES THREE TO FIVE.

1. A MINIMUM OF TWO CONTACTS, EITHER PERSONAL OR GROUP, MUST BE OFFERED.

A. WILL PERSONAL VISITS BE OFFERED TO FAMILIES? ☐ YES ☐ NO

IF PERSONAL VISITS ARE PLANNED, HOW MANY VISITS WILL BE OFFERED? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ MORE THAN 4

B. HOW MANY GROUP MEETINGS WILL BE OFFERED TO EACH FAMILY? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ MORE THAN 4

2. WHO WILL BE RESPONSIBLE FOR PLANNING AND CONDUCTING THE PERSONAL VISITS? (CHECK ALL THAT APPLY)

☐ EARLY CHILDHOOD TEACHER

☐ COUNSELOR

☐ KINDERGARTEN TEACHER

☐ MISSOURI PRESCHOOL PROJECT

☐ PARENTS AS TEACHERS STAFF

SECTION VII – EVALUATION OF PARENT EDUCATION SERVICES FOR FAMILIES WITH CHILDREN PRENATAL TO FIVE.

1. HOW WILL THE PARENT EDUCATION PROGRAM BE EVALUATED? (CHECK ALL THAT APPLY)

☐ PARENT QUESTIONNAIRE

☐ DEGREE OF PARTICIPATION FROM THE TOTAL ELIGIBLE POPULATION

☐ DEGREE OF INCREASE OF PARTICIPATION COMPARED TO PREVIOUS PARTICIPATION

☐ DEGREE OF PARTICIPATION OF HARD-TO-REACH FAMILIES

☐ EVALUATION FROM THE INTERNAL COORDINATION COMMITTEE AND/OR THE COMMUNITY ADVISORY COMMITTEE

SECTION VIII – EVALUATION OF PARENT EDUCATOR(S).

1. WHO PROVIDES THE YEARLY EVALUATION OF THE PARENT EDUCATORS?

☐ SUPERVISOR

☐ ADMINISTRATOR

☐ OTHER _____

2. THE PARENTS AS TEACHERS ADMINISTRATOR/SUPERVISOR HAS ATTENDED THE 2 DAY SUPERVISOR TRAINING PROVIDED BY PATNC?

☐ YES

☐ NO

3. IS THE PARENTS AS TEACHERS ADMINISTRATOR/SUPERVISOR NEW TO THE POSITION?

☐ YES

☐ NO

REMINDER:

Your annual parent education re-certification is handled through Parents As Teachers National Center (PATNC).
Your Annual Renewal Summary Packet is due to PATNC by **July 1, 2004**.